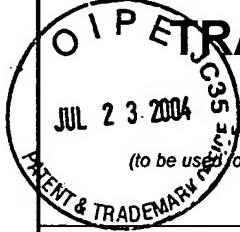


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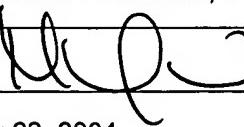
 TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/013,096
		Filing Date	December 6, 2001
		First Named Inventor	Tetsuo NISHIMOTO
		Art Unit	3712
		Examiner Name	Ali F. Abdelwahed
Total Number of Pages in This Submission	1	Attorney Docket Number	393032029100

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (<u>Appeal Notice, Brief, Reply Brief</u>)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

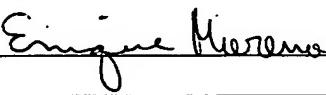
RECEIVED
 JUL 29 2004
 TECHNOLOGY CENTER - LITIGATION

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Mehran Arjomand - 48,231 MORRISON & FOERSTER LLP (CN 25224) 555 West Fifth Street, Los Angeles, CA 90013
Signature	
Date	July 22, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV479817752US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: July 22, 2004

Signature:  (Enrique Moreno)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,280.00)

Complete if Known

Application Number	10/013,096
Filing Date	December 6, 2001
First Named Inventor	Tetsuo NISHIMOTO
Examiner Name	A. F. Abdelwahed
Art Unit	3712
Attorney Docket No.	393032029100

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
<input checked="" type="checkbox"/> Deposit Account:				

Deposit Account Number **03-1952** JUL 23 2004

Deposit Account Name **Morrison & Foerster LLP**

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) required under 37 CFR 1.16 & 1.17
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)		0.00	
RECEIVED JUL 29 2004 TECHNOLOGY CTR.			
Large Entity	Small Entity	Fee Description	Fee Paid
Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	** =	x	=
Multiple Dependent			
SUBTOTAL (2) (\$)			
0.00			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$)			
1,280.00			

** or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		(Complete if applicable)		
Name (Print/Type)	Mehran Arjomand	Registration No. (Attorney/Agent)	48,231	Telephone (213) 892-5630
Signature			Date	July 22, 2004

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